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Draft country programme document**

Madagascar

Summary

The Executive Director presents the draft country programme document for Madagascar for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $4,099,000 from regular resources, subject to the availability of funds, and $4,850,000 in other resources, subject to the availability of specific-purpose contributions, for 2004.

* E/ICEF/2003/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF Extranet in October 2003, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2004.

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Basic data (2001 unless otherwise noted)	
Child population (millions, under 18 years)	8.4
U5MR (per 1,000 live births)	126
Underweight (%, moderate and severe) (2000)	33
Maternal mortality ratio (per 100,000 live births) (1990-1997)	488
Primary school enrolment and net attendance (% net, male/female) (1998, 2000)	88/87, 90/93
Primary school children reaching grade 5 (%) (1998)	51
Use of improved drinking water sources (%) (2000)	47
Adult HIV prevalence rate (%)	0.29
Child work (%, 5-14-year-olds) (2000)	19
GNI per capita (US$)	260
One-year-olds immunized against DPT (%) (2001)	55
One-year-olds immunized against measles (%) (2001)	55

The situation of children and women

1. Madagascar is among the poorest countries in the world in spite of its great natural wealth and development potential. Although some improvement in terms of the under-five mortality rate and malnutrition levels have been reported between 1997 and 2000, subsequent events in the country may have led to a reversal in key social sector indicators. According to the *Human Development Report 2002*, Madagascar has seen a decline in the Human Development Index from 2000, and ranks 147th out of a list of 174 countries.

2. The year 2002 was characterized by political turmoil, which impacted severely on the economic and social situation of the country. The World Bank estimated that the gross domestic product for 2002 fell by more than 10 per cent instead of growing by an anticipated 6 per cent. During the same period, the poverty level in the country increased to 73 per cent. The consequences of this crisis affected mainly workers in the formal sector, the urban poor in the informal sector and rural producers, who together account for up to more than 80 per cent of the population.

3. There were shortages in essential commodities and price increases for rice, cooking oil, salt and sugar, as well as fuel. With reduced incomes, thousands of families changed their food consumption patterns. Women, in particular those heading households, were hard hit by the crisis since their coping mechanisms had eroded and their children were among the first to show signs of malnutrition.

4. Inadequate basic services, combined with the increased inability of families to pay user fees, led to a sharp drop in health coverage and school attendance. Increased vulnerability of families led to a further increase in problems related to child protection, including child labour, destitution and increased prostitution. An outbreak of influenza in the south-eastern region claimed more than 500 lives, with about one half of them being children under five years of age. Low immunization coverage claimed its toll, with at least six cases of recombined vaccinal polio virus being reported in the southern region.

5. Compounding the above crisis, a severe drought hit the southern part of the country, and in May 2002, the cyclone "Kesiny" severely damaged the north-eastern part of the country.

6. By the second half of 2002, the new Government took charge of the situation. It initiated a national rapid recovery and sustained development programme, which, inter alia, prioritizes the social sectors, with an emphasis on women and children. The second report to the Committee on the Rights of the Child submitted by Madagascar will be discussed at the 34th session of the Committee in September 2003.

7. Malnutrition remains the major underlying cause of high morbidity and mortality among children less than five years of age. Due to unfavourable socio-economic conditions, the nutritional situation of children under five has probably deteriorated further from the level of 33 per cent in 2000. The three major killers of children less than five years old in the hospitals are malaria (36 per cent), diarrhoea (23 per cent) and acute respiratory infections (ARI)/severe pneumonia (9 per cent). Measles mortality rates have fallen dramatically to less than 1 per cent, while morbidity has not changed over the last 10 years. The biannual vitamin A campaigns implemented since 1997 have helped to reduce measles mortality and ARI.

8. The relatively high diarrhoeal morbidity and mortality rates are due partly to inadequate access to safe water and sanitation services. Coverage rates over the last seven years show a gradual decline due mainly to poor maintenance and inadequate investment in infrastructure. Up to 2002, the national budget allocated for water and sanitation was only 0.30 per cent of the total budget, with external aid allotting only 0.70 per cent.

9. During the period 1998-2001, the immunization rates have varied. Madagascar has continued to face difficulties in both increasing and sustaining coverage levels. While successful polio National Immunization Days (NIDs) were organized in 1997, 1998 and 1999, routine expanded programme on immunization coverage levels have not improved. Since the mid-1990s, deterioration in key coverage indicators such as antenatal care and assisted birth attendance has been observed. Civil unrest in the country in 2002 resulted in serious disruptions in routine activities. Causal factors include a lack of human resources (average of 1.5 staff per health centre), low salaries of health workers ($48 a month), and a total lack of supervision, resulting in poor public health services.

10. There is incomplete information on HIV/AIDS prevalence in the country; available information, however, suggests that HIV/AIDS prevalence is still relatively low. Conscious of the threat posed by the pandemic, national authorities give high priority to containing the spread of AIDS. A national HIV survey among pregnant women is currently being carried out. A National Strategic Plan has been formulated by the Government (Presidency) and submitted to national and international partners. Since February 2003, action plans are being developed at decentralized levels, focusing on 15 districts identified as being of high risk.

11. The education system continues to be affected by problems of access, retention and learning achievement. While 80 per cent of children have access to school, repetition, estimated at over 25 per cent, linked to poor quality, results in only 51 per cent of children reaching grade 5. Gender and regional disparities have been noted in all major indicators of primary education.

12. In 2000, nearly one quarter of children below five years of age were not registered at birth. The levels were 21.9 per cent at 9 years and 17.7 per cent at 17 years, suggesting that birth registration is showing a steady decline in the country. A survey in 1998 suggested that 1 out of 5 children were subjected to acts of violence, with family members involved in almost 35 per cent of cases. One third of children aged 7-14 years are engaged in child labour. According to a 2001 study, sexual exploitation among girls aged 10-17 years is an increasing phenomenon, particularly around cities and ports.

Key results and lessons learned from previous cooperation, 2001-2003

Key results achieved

13. The country programme responded to the challenges of the unstable situation in the country by partly redirecting programme efforts to respond to the humanitarian crises. Key areas of support for the population during the period were focused around water, sanitation, nutrition, health and child protection interventions aimed at expanding basic social services for children and women in the affected areas of the country. However, activities related to education and HIV/AIDS, which focused on changing attitudes and behaviour, were slower.

14. Between 1997 and 2001, integrated community-based nutrition and Integrated Management of Childhood Illness (IMCI) activities, implemented in 644 sites, demonstrated a reduction in malnutrition levels of between 10 and 15 per cent. In the education sector, contracts between 850 communities and target schools established obligations on the part of the communities for improving enrolment, attendance and accountabilities at the school level; improving learning achievement; and introducing at the same time a monitoring tool for communities to manage education and schools. A significant achievement in the health sector was the successful organization of NIDs for polio in 2002. The two rounds covered nearly 3.7 million or 97 per cent of children under five years of age. During the second round of the campaign, vitamin A capsules were also provided. Two local-level projects to increase birth registration were successful, and their implementation on a wider scale is now being considered as a part of the new programme.

Lessons learned

15. A major lesson learned during the short-duration country programme was the successful implementation of programmes in the areas of nutrition and education with the involvement of local leaders from the community. In nutrition, collaboration with local leaders and non-governmental organizations (NGOs) and the rapid achievement of tangible results through interventions related to growth monitoring and IMCI, created demand and improved participation rates. Improvements were made in the education sector in part because of the use of contracts for school achievements between schoolteachers and the community.

16. There was increased sensitivity to the issues of rights and protection as a result of the dissemination of information and the creation of awareness among partners and communities in the project areas. Strong government leadership and a broad partnership of local and international actors were key to the success of the polio NIDs and of the growing momentum in the fight against HIV/AIDS. During a 10-

week long campaign, national and international communities demonstrated their commitment and capacity to avert a larger polio problem through the successful conduct of NIDs. Although the prevalence rate for HIV is below 1 per cent, the commitment from the very top, starting with the President, and the leadership provided by his Government were instrumental in mobilizing wider support aimed at preventing a further increase in HIV in the country. However, the absence of national policies, particularly in the areas of HIV/AIDS, sanitation, rights and protection, birth registration and nutrition, will not allow these short-term gains to be sustained. Although limited progress was made in all of these areas, it is acknowledged that local-level action within a national policy-level framework would have produced results on a larger scale.

The country programme, 2004

Summary budget table

(In thousands of United States dollars)

Programme	Regular resources	Other resources	Total
Health	1 510	1 740	3 250
Nutrition	345	590	935
Education	675	1 250	1 925
Water and sanitation	386	925	1 311
Child rights and protection	270	115	385
Information and communication	155	50	205
Coordination, planning, monitoring and evaluation	293	130	423
Cross-sectoral costs	465	50	515
Total	**4 099**	**4 850**	**8 949**

Preparation process

17. UNICEF prepared a short-duration programme of cooperation for 2001-2003 to harmonize cycles with other United Nations agencies. The political crisis of 2002 resulted in delays in finalizing the Common Country Assessment/United Nations Development Assistance Framework (CCA/UNDAF) and in preparing the new programme. As a result, all United Nations agencies agreed to extend their ongoing programmes by one additional year. The country programme strategies of this one-year short-duration programme are basically the same as for the previous programme of cooperation, taking into account some of the changes in the national context. They have been reviewed and approved by national partners, United Nations agencies and other development partners during the annual review meeting in December 2002.

Goals, key results and strategies

18. The goals and objective of the programme in 2004 are the same as those of the 2001-2003 country programme: supporting government efforts to ensure the

survival, development and protection of the rights of children and women. The country programme aims at achieving the following goals: (a) to improve the survival of women and children; (b) to promote the integrated development of children and their preparation for adulthood; (c) to promote the participation of women and children; and (d) to protect children, particularly those who are vulnerable in the community. The UNICEF-supported country programme will contribute to these objectives by: (a) developing policies and strategies for social protection, water and sanitation, quality primary education, malaria control, cholera control and vaccine independence; (b) reinforcing community capacity development (CCD) through a human rights approach to programming; (c) ensuring that plans for emergency response are prepared; and (d) improving access, quality and use of basic social services.

19. The one-year country programme will continue with the seven programmes of the previous country programme. Each of the programmes will include emergency preparedness and response as an integral part of the programme. There will continue to be a mix of strategies contributing to, inter alia, rights-based decentralized CCD, social mobilization and support to service delivery; partnerships and advocacy with civil society, media, NGOs and the private sector; participation by children and other actors in the communities; and synergy in both programme activities and geographic locations. Early childhood development (ECD) and HIV/AIDS prevention will be addressed as an intersectoral issue in all sectoral programmes.

Relationship to national priorities and UNDAF

20. The country programme aims to contribute to the objectives of the new Government's poverty reduction strategy, which is currently being finalized. The Poverty Reduction Strategy Paper (PRSP) covers 2003-2005 and has three major strategic thrusts: (a) to ensure the rule of law and good governance; (b) to rejuvenate and promote economic growth with a broad social base; and (c) to rejuvenate and promote enhanced human and material security and social protection system, including universal primary education, maternal and child health (MCH), water and sanitation, and child protection. The PRSP aims at rapid and sustained development to reduce by one half the levels of poverty in 10 years. The Government is playing a key role in the preparation of the CCA and UNDAF. The second generation CCA for the country will be ready by June, and the UNDAF for the period 2005-2009 will be prepared by December 2003. The United Nations system, together with national, civil and private partners as well as donors, is fully engaged in these critical processes.

Relationship to international priorities

21. The PRSP of Madagascar has embraced the Millennium Development Goals. The Government of Madagascar-UNICEF programme of cooperation will continue to focus on the targets and objectives contained in the UNICEF medium-term strategic plan (MTSP). Priority will be given to child mortality reduction through an integrated ECD strategy aimed at controlling malnutrition, malaria, diarrhoea and ARI. In support of the Abuja goals, the Government has already exempted taxes on impregnated bednets and began preparing plans for covering 60 per cent of the households with bednets by 2005.

Programme components

22. **Health.** This programme will contribute to reducing child and maternal mortality. The focus will be on improving immunization coverage through routine services in 57 out of the 111 health districts. A national measles campaign will be implemented based on the epidemiological criteria and with funding from other resources. Capacities for improved MCH services will be strengthened in 24 out of the 111 health districts. Special attention will be given to the prevention and care of the three major killer diseases: malaria, ARI, and diarrhoea. UNICEF will support the development of a national policy for malaria control. In 24 districts, the focus will be on improving access through the provision of subsidized impregnated bednets to nearly 165,000 pregnant women and 165,000 young children. If additional funding becomes available, these activities will be expanded to additional districts. Pregnant women and young children from 10 health districts of unstable transmission areas will receive support for treatment through community-based distribution mechanism. In addition, support will be provided for increasing access to prevention and care, including case management of ARI and diarrhoea. The focus will also be on HIV/AIDS prevention among young people, including young mothers, using information, communication and education materials and through peer education groups. Support will be given to expand prevention of mother-to-child transmission services from 8 to 23 centres. Health issues will also be addressed through support for the development of policies in nutrition, rights and protection, and sanitation.

23. **Nutrition.** The programme aims at contributing to reducing malnutrition, morbidity and mortality of children through community-based nutrition interventions in 30 health districts. The Government's aim is to reduce under weight to less than 30 per cent. UNICEF will support ECD activities linked to community-based growth monitoring and other IMCI interventions. Strategically linked to these activities, services will be provided for low birth-weight children, nutritional rehabilitation and food fortification. Micronutrient deficiencies will be addressed through the provision of vitamin A and iron capsules. These interventions will contribute to the reduction of anaemia levels among women from 42 per cent (1997) to 30 per cent and among children under five years old from 67 per cent (1997) to less than 50 per cent in 2004.

24. **Education.** The programme priority will be given to improving enrolment, attendance and quality of basic education. The objectives in the 10 education districts will be to increase the enrolment rate by 3 per cent and the primary school completion rate by at least 5 per cent through teacher training, multi-grade classroom management and life skills education, including HIV/AIDS prevention, as well as operations research and capacity-building for improved learning achievement assessment. The use of community-level contracts for learning achievement and family-level monitoring tools will be expanded to additional areas of the country. Another priority will be to improve intersectoral collaboration, particularly with the nutrition and health sectors, by strengthening parenting skills for child care and development in the 30 health districts where community nutrition activities are carried out. An assessment of the gaps in educational statistics during the year will help support developing and improving the Educational Management Information System in the country as a part of the programme of cooperation.

25. **Water and sanitation.** This community-based programme will give priority to improving access, quality and utilization of basic social services around schools. Technical assistance will be provided for the development of a national sanitation policy and related legislation. In support of the national objective of improving coverage for drinking water, UNICEF will support improving access to 20,000 people in underserved areas, to 30,000 people in urban areas, and to 50 primary schools with 6,000 children. In addition, support will be given for improving access to sanitation facilities in 50 schools and thus contribute to improving girls' education. In selected areas around schools, family latrines will be constructed for 15,000 people, and hygiene education will be provided to educators and members of the school committees and families.

26. **Child rights and protection.** This programme aims at contributing to the creation of a protective environment and networks that promote child rights and protection in eight locations where major child rights abuses have been identified. Support services will be established to provide psychosocial assistance to children who are at risk or are victims of violence or exploitation. The development of protocols for action in cases of abuse and sexual exploitation, as well as for orphans, will be included in the plans of action. Partners in this initiative will include, inter alia, local authorities, police, judiciary, social workers, tourism employees, NGOs and civil society. Efforts will be made to link birth registration for children under five years old with immunization. Care for disabled children in the family and community environment, and meeting the needs of children orphaned by AIDS and other vulnerable children, will be other areas of focus. Greater focus will be on adequate monitoring and reporting on rights and protection issues. The programme will also contribute to the dissemination of the second report on the Convention on the Rights of the Child and the Concluding Observations of the Committee on the Rights of the Child, as well as support the development of plans and its implementation based on the recommendations.

27. **Information and communication.** This programme aims at providing overall technical and practical assistance to the sectoral components of the country programme. Information and communication strategies in support of nationwide campaigns will be developed to ensure universal immunization coverage for both routine immunization and for polio eradication efforts. UNICEF will support efforts to ensure that at least 60 per cent of young women and men between 15 and 24 years of age have the necessary information to protect themselves from HIV infection. The programme will also support actions for sensitization of parents in ECD and for promoting child rights and protection.

28. **Coordination, planning, monitoring and evaluation.** This programme will help to ensure that the country programme contributes efficiently and effectively to achievement of agreed development goals in favour of children and women, specifically the Millennium Development Goals and those of the MTSP. More precise information on the situation of children and women will emerge through support to the analysis of the 2003 Demographic and Health Survey and implementation of the National Census in 2004. UNICEF will also support the establishment of a national capacity to monitor the situation and rights of children in the context of a subregional Indian Ocean Commission initiative. This programme will support the involvement of communities in routine monitoring and serve as focal point for reviews, studies and evaluations that will be part of the preparation of the next country programme cycle. The contributions of the country programme will

be factored into national efforts to reduce poverty and promote sustainable development.

29. **Cross-sectoral costs.** Part of the programme budget will be used to cover cross-sectoral expenses for the implementation of the country programme and the management of the office. Operating costs not covered by the support budget will be shared on a pro-rata basis among the various components of the programme and funding sources.

Major partnerships

30. The country programme objectives will be achieved through collaboration with a number of partners, including the United Nations Educational, Scientific and Cultural Organization, the United Nations Development Programme (UNDP) and the World Bank; the Governments of Norway and France in the area of education; the Governments of France, Switzerland and Japan, as well as German Technical Cooperation, the United States Agency for International Development, the Pasteur Institute, the United Nations Population Fund, the World Health Organization, the World Bank and the European Union, among others, for the health programme; and with United Nations organizations, bilateral agencies and several NGOs in the area of HIV/AIDS prevention. CARE, Catholic Relief Services, WaterAid, Population Services International and the *Groupe de recherche et d'echanges technologiques* (Research and Technological Exchange Group) are among the NGO partners in the water and sanitation and nutrition programmes. *Médecins sans frontières* (Doctors without Borders), the International Labour Organization and UNDP are the key partners in the child rights and protection programme.

Monitoring, evaluation and programme management

31. The Ministry of Economy, Finance and Budget is responsible for coordination of the country programme. An intersectoral mechanism for monitoring and coordination, comprising the Ministries of Economy, Finance and Budget, and Foreign Affairs, UNICEF and other partners, will be responsible for routine implementation and monitoring of the country programme. Annual plans of action for each project will be prepared jointly by the relevant ministry or department and UNICEF. The Government and UNICEF will conduct a joint annual review of all country programme components. United Nations agencies, NGOs and donors will be invited to participate in these reviews.

32. The existing Integrated Monitoring and Evaluation Plan will be updated and used as the framework for monitoring and evaluating sectoral programmes, as well as the overall country programme. Country programme monitoring will be facilitated by regular field visits and specific surveys. Efforts will be made to strengthen the evaluation function, and certain evaluations of the ongoing country programme will be completed.